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SUCCESSFUL CASE OF OVARIOTOMY.

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[Communicated for the Boston Medical and Surgical Journal.]

MRS. H., of this city, aged 39, mother of one daughter aged about 16. Her attention was attracted to the tumor about two years ago. On the 27th of December last, to relieve urgent symptoms, and partly for exploration, I drew off about three pounds of fluid. She had then been confined to her bed about four weeks. At this time her circumference at the umbilicus was 49 inches.

The operation was performed on the 8th of January, 1862. An incision was made from umbilicus to pubes, $8\frac{1}{2}$ inches in length. About four ounces of ascitic fluid escaped. A large cyst was thus exposed, which was emptied by the trochar. An examination of the tumor disclosed adhesions about four inches in diameter upon the left superior portion, which readily yielded to gentle pressure of the fingers. The tumor was now held firmly to the opening, and incisions were made in the remaining cysts and their contents were forced out, presenting the usual fluid and semi-fluid variety. The tumor was now withdrawn, and the pedicle which was attached to the broad ligament upon the right side, about three inches in width, was transfixed and ligated in three separate portions, with a strong silk ligature enclosing the whole. The pedicle was now divided about one inch from the ligature. None of the fluid was allowed to escape into the cavity of the abdomen. The wound in the abdomen was closed by interrupted silver wire sutures, about one inch apart, and enclosing the integuments to a point as near as possible to the peritoneum, but not including that membrane. The pedicle was brought to the external surface of the abdomen, and a wire ligature passed through, holding it firmly in place. Adhesive straps were added to support the wall of the abdomen. The tumor and contents weighed thirty-four pounds—the solid portion about four pounds. The dressings consisted of a large piece of spongio-piline sufficient to cover the whole abdomen, frequently wrung out of hot water.

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The patient recovered kindly from etherization, and there was but very little vomiting. Nothing but ice was taken by the mouth for six days. Enemata of beef-tea were freely given, and it is remarkable how readily hunger was appeased by its use. The bowels, which were freely evacuated before the operation, did not move for eight days. The catheter was used for the same length of time. The sutures were removed the fourth day, and the one holding the pedicle the tenth day, when the ligated portion came away. The wound in the abdomen healed kindly, and no untoward symptoms occurred during her recovery. No medicine was given. The fourth week she dined with the family, and the fifth week rode out. There was swelling of the right limb for a few weeks; to what it was due, I do not know. At the time of writing, now nearly six months, Mrs. H. is in excellent health. She informs me that she is now in better health than before the tumor presented itself.

The tumor, which was a multilocular cyst, and presented no unusual appearances, is in the Museum of the Massachusetts Medical College.

June 24th, 1862.

CASE OF MALIGNANT PUSTULE.

[Reported to the Suffolk District Medical Society, and communicated for the Boston Med. and Surg. Journal.]

By M. C. GREENE, M.D., BOSTON.

JANUARY 23d, Thursday.—Miss M. A. P. called early in the evening and casually remarked that "she had a sore nose. She believed she was going to have a boil on it."

24th.—She went to school. Some of the teachers noticed a small, dark pimple on the end of her nose.

25th.—It stormed severely, and she did not go out.

26th.—In the morning she said she had slept but very little, in consequence of severe pain in the head, and wished she had sent for me the day before.

27th.—Had slept but very little, from pain in the head, and in the morning sent for me, the family with whom she boarded fearing she had erysipelas. Being unwell, I requested Dr. Bartlett to see her, who reported to me that "he feared it was a malignant pustule." The nose was swollen and purple, the swelling extending towards the left eye, and she had pain in all her teeth. He prescribed muriate of ammonia, in solution, to the face, and a Rochelle powder every four hours till the bowels were moved.

28th.—Had a very restless night; alone from 10 to 6, A.M. I saw her for the first time, and found her very restless, the nose much swollen and purple, with a central pustule, and a large number of small, honey-comb like cells encircling it, filled with pus. The left eye was closed, the right about half closed, and the swelling extend-

ed to the forehead. There was excruciating pain in the top of the head, the upper lip was swollen, and the voice tremulous; pulse 68. P.M.—The nurse reported two good dejections, but thought her not as well. As I did not feel able to see her, I wrote a note to Dr. Bartlett, requesting him to visit her. He found her pulse depressed, and ordered Scotch ale and beef-tea.

29th.—Dr. Bartlett saw her twice. In the morning, the nurse reported that in the night she had two involuntary dejections. The nose was about the same, and he directed a linseed poultice. The swelling extended to the forehead; the right eye was nearly closed, the left wholly; pulse feeble. Continued ale. In the evening, the symptoms were aggravated, and an opiate was given.

30th, morning.—I saw her with Dr. Bartlett. The patient had a tolerably quiet night from the opiate. She was very thirsty, calling for cold water, being not fully conscious. Nose, lips and face about the same as the day before; both eyes closed, and from the pustule a serous discharge; great distress in the throat, and excessive pain in all the teeth; pulse 120; more wandering. Directed tr. cinchon. comp. and ferri protoxid. Chloroform to the face. Brandy and beef-tea freely. Continued muriate of ammonia to the face.

In the evening, saw her again; symptoms aggravated; pulse 130; eyes seemingly protruding from the sockets. On separating the lids, I found she could not see with the left eye. At 4, P.M., in consequence of restlessness and pain, she had an opiate (morphia, gr. $\frac{1}{2}$), which produced a heavy sleep for about eight hours, with great difficulty of breathing.

31st.—Early in the morning I heard she was dying. About 10, she revived a little, and I was sent for. Found the swelling increased, especially at the angles of the jaws; face and neck purple; nose dark purple; severe pain in throat and head; excessive thirst; pulse 130; tremor and slight twitchings of the muscles; some delirium, but could fix her mind for a short time, so as to ask or answer questions. Continued stimulants freely. From 8, P.M., to 2, A.M., on Saturday, the nurse says there was no consciousness, and the patient was with difficulty kept in bed; continually talking, as if to her class in school. After 2, she was easily kept in bed, talked incoherently, and gradually sank until 7.20, when she expired.

The swelling of the face diminished from 2, A.M., until, at the time of death, it had nearly disappeared. For two or three weeks previous to the inflammation of the nose, she had complained of being feeble and almost unable to go to or return from school; also of a tightness across her chest; and had engaged a friend to take her class until the February vacation, that she might recruit. Her size was below medium, her weight never exceeding 90 pounds.

THE CYSTICERCI OF TÆNIA IN MAN.

[Concluded from page 432.]

EXPERIMENTS upon the transformation of cysticerci into tæniæ have been made on men. Kuchenmeister* caused a woman, sentenced to death, to swallow with her food, taken at different times during the five days preceding her execution, eighty cysticerci deprived of their caudal vesicle, of the species *C. tenuicollis*, *C. serratus*, *C. solium*. The autopsy was made two days after death. Kuchenmeister found in the duodenum four young tæniæ, all of which had one or two pair of tenacula. In one, the crown of tenacula was nearly complete. (The last cysticerci, thirty in number, had been administered twenty-four and twelve hours before death.) They were from four to eight millimetres long. In the water, after the intestines had been washed, six other tæniæ, without tenacula, analogous to the preceding, were found. All the cysticerci found appeared to have been damaged more or less by digestion. The result obtained was negative, or at least very doubtful. Experiments much more conclusive have been made by Leuckart and Humbert.

Leuckart† made experiments with the *C. cellulosa* upon three men, one affected with phthisis, one with Bright's disease, also a third who took them voluntarily. With the first two, the result was negative. The third passed proglottides at the end of two months, at regular intervals; he had swallowed four cysticerci. A few doses of kousso expelled two tæniæ, 2^m, 50 long. The head of one only could be found; still, no more proglottides subsequently appeared. This appears perfectly affirmative. The length of the tæniæ, and the time required for their development, conform with ordinary observations. Dr. Humbert (of Geneva) swallowed fourteen *C. cellulosa* of the pig on the 11th of December, 1854. During the first days of March he commenced to pass fragments of tæniæ, that Professor Vogt, to whom he showed them, and in whose presence he had swallowed the cysticerci, considered as belonging to the *T. solium*. Not being able to free himself of the head of the tæniæ, he again passed proglottides in the month of May, 1856.‡

In a new experiment of Kuchenmeister's, upon a condemned criminal, decapitated the 31st of March, 1860, who had involuntarily swallowed, at four months and two months and a half before his death, cysticerci from the pig, the result seemed quite conclusive. At the autopsy, Kuchenmeister found in the intestine, eleven tæniæ, whose terminal segments arrived at maturity were partly detached; and eight other tæniæ which had not been completely developed. No cysticerci were found in other parts of the body.§ The deve-

* Annales des Sciences Naturelles; Wiener Medizinische Wochenschrift, Nov., 1855.

† Leuckart. Die Blasenbandwürmer, Giessen, 1856, p. 53.

‡ Bertolus, Dissertation sur les Métamorphoses des Cestoides, Montpellier, 1856.

§ The species of tæniæ at present found in man are:—

The *T. solium* (Auct.) and *T. nana* (Bilharz), tenaculated.

The *T. mediocanella* (Kuchenmeister), not tenaculated.

The *T.* from Cape of Good Hope (Kuchenmeister), whose scolex is undecided.

The bothriocephali are only represented by one species (?), the *B. latus* (Bromser).

lopment of the *tæniæ* corresponds with the length of their abode in the intestine. The *cysticerci* ingested two months and a half before death could not be provided with perfectly mature segments, whilst those of four months ought to have been proglottic a month before.

All the species of *cysticerci* are not equally fitted to be developed and transformed into proglottides in man.* The *cysticercus* of the *T. solium* and the *cysticercus* (?) of the *T. nana* (as yet unrecognized) seem to be the only ones which enjoy this privilege. Probably there is no *cysticercus* of the *T. mediocanellata*, this being without tenacula.

According to Leuckart, a young medical man with impunity swallowed a large number of *C. tenuicollis*.

Nevertheless, considering that the ruminants, &c., only shelter the *C. tenuicollis*, if the *tæniæ* of man only came from the *C. solium* of the pig, it would be difficult to explain the frequency of *tæniæ* in the Abyssinians, who abstain from pork and the meat of the wild boar, and in those children nourished with raw beef or mutton for the purpose of curing diarrhœa. Thus Davaine† with great discrimination remarks, if beef which does not contain the *cysticercus ladricus* (*C. solium*) propagates the *tænia*, and if this last is developed in individuals who do not eat pork, then the *cysticercus ladricus* is not the scolex of the *T. solium*, or at least the *T. solium* still possesses another mode of propagation.

PROPOSITIONS AND CONCLUSIONS.—As yet, in man, no one has found existing at the same time *cysticerci* and proglottiferous *tæniæ*,‡ so that the *cysticerci* must come from an external source, from eggs or embryos very recently hatched, and very probably swallowed with drink or with rare-cooked meat.

When *cysticerci* of a volume so great that they cannot traverse the intestinal perforation made by the tenacula have been swallowed, and are attached to the wall of the intestine, their caudal extremity rests floating in the intestine, where they are developed and become proglottides.

When the embryos are just hatched and their small size permits them to enter the tissues, they pierce the epithelium of the intestine, and are in contact with the lymphatic vessels or the capillaries which they penetrate. Confined in the tissues, or arrested in the vessels which do not allow them to pass on, they determine by their presence an irritation, a local inflammation, accompanied by an albumino-fibrinous exudation. This becomes organized into connecting fibres, into a fibrous cyst which imprisons them, which, so to speak, cuts off their supplies, and in which they no longer receive a nourishment sufficient to become proglottides. Their ovules remain in a rudimentary state, become abortive, and partly form the kalkkörperchen (calcareous corpuscles) of authors.

* Deutsche Klinik, No. 20, Berlin, 1890. Gazette Hebdomadaire de Médecine et de Chirurgie, No. 52, Paris, 1890.

† Davaine, Traité des Entozoaires et des Médicaments Vermifuges, Paris, 1860, p. 93.

‡ Stieh, loc. cit.

The encysted tæniæ increase according to their age, but in a very gradual manner. Their tenacula increase in number and volume. Their caudal extremity distends with liquid, and rounds out, while the terminal cicatricule disappears. In proportion as they increase in length, they curl up on themselves, by invagination, in different ways according to their species.

The cysticerci now known form many distinct species, probably corresponding to certain species of tænia, possibly susceptible of degenerating the one into the other, according to the animal they infest.

At present the descriptions sufficiently exact of observations made on man refer to the following species:—1st, *C. echinococcus*; 2d, *C. turbinatus*; 3d, *C. melanocephalus*; 4, *C. solium* (*cellulosæ*); 5th, *C. tenuicollis*; 6th, *C. serratus* (*pisiformis*)? In a certain number of observations, the *C. cellulosæ* is probably quite identical with the *C. turbinatus*. The *trachelocampyle* is a *C. turbinatus*.*

Of these different cysticerci, the strobili of the *T. echinococca*, *T. e. cysticercotenuicollis*, and *T. serrata*, all of which live in the intestine of the dog, are the only ones known. As to the *T. solium*, which lives in man, its origin from the *C. solium* has been well proved. Nevertheless, if the worms designated in observations under the name of *T. solium* belong to the same species, they do not derive their origin merely from the pig.

The cysticerci are generally disseminated in large numbers in the same subject, and are distributed in many organs. Rarely do they exist in small numbers. They are found in the cellular tissue and in the muscles. They frequently occupy the brain and pia mater; the eye, as in the sub-conjunctival tissue, &c., probably owing to the minuteness of the capillary vessels of these parts.†

In the same subject all of them have ordinarily the same degree of development, that is to say, they offer the same number of tenacula; they do not always have the same volume, according to the conditions more or less favorable for their increase and nutrition. Sometimes many of them are incrustated with calcareous salts and mummified.

They do not apparently interfere with the functions of organs, except when in great numbers, occupying a very important region, or attaining a considerable volume, as the echinococci.

The troubles which they occasion result: 1st, from their presence, by inflammation or by the many abscesses which in certain subjects they occasion; 2d, by their volume, by the pressing aside of tissues, by compression exercised on the organs, by disturbed functions resulting from the disorganization of organs. These troubles vary according to the organs in which the cysticerci are fixed, and do not

* No observations exist of the cysticerci of the bothriocephali. The eggs or the embryos of these are probably swallowed with liquids.

† The echinococci are found in the same parts, and besides in the abdominal cavity, spleen, kidneys, especially in the liver, lungs, &c.

differ from those which would be produced by a tumor, by an analogous inflammation or compression.

No disturbance may be noticed during life. Generally, the cysticerci are merely found by chance during an autopsy.

The cysticerci of other *tæniæ* than the *T. echinococcus* and *T. cœnurus* have generally the volume of a pea or bean; they rarely reach the size of a pigeon's egg, or about 0^m025 in their largest diameter.*

Cysticerci remain imprisoned in the cyst which surrounds them. Each cyst never contains more than one individual. When the cysts are very numerous, two or three may be in contact.†

Arrived at a certain stage of development, and probably not receiving any longer the elements of a sufficient nutrition, they become incrustated with epidermic deposit and calcareous salts, die and mummify in the form of a free cretaceous mass in a cyst, in the centre of which may be found the remains of the tenacula. Their presence in organs situated deep in the interior of the body, which would offer the symptoms of irritation or of compression, may be suspected, but cannot be known during life, by any infallible sign, unless superficial tumors exist, in whose centres their existence may be proved.

The economy may be attacked by the *tænia* at any age, though principally at an adult age.

According to Uhde,‡ cysticerci, when imprisoned in tissues, do not live more than one year; in the opinion of Stich§, they live from three to six years. The duration of their life is probably yet longer.¶ They remain alive many days after the death of the animal they inhabit.

Therapeutics are of no, or of very little avail when the cysticerci are lodged in the deeper organs; in superficial parts, where they are troublesome, they may be removed by incision. They are at times eliminated spontaneously, through the opening of an abscess.¶

We may administer, internally, saoria, an Abyssinian fruit (from the *mæsa picta*), tatzé (also from the same land), and moucenna. The decoction of saoria, which is very harmless to the economy in comparison with the other vermifuges (kousso, pomegranate bark, the root of the male fern, &c.), appears to me especially worthy of trial. It is also, according to Strohl,** the most efficacious preparation against the *tænia* when administered in a suitable manner.††

* The observations which mention larger vesicles relate in general to echinococci.

† The echinococci and the cœnurus only are enclosed in a large number in a common vesicle.

‡ Uhde. Cyst. cellul. Rud. in einem Tumor cysticus, Deutsche Klinik, 1851, p. 431.

§ Stich, loc. cit.

¶ There is a large number of cases in which *tæniæ* have remained a dozen years. They may live twenty, thirty, or even longer.

¶ The echinococci, in regard to the volume they acquire and the trouble they occasion, give origin to certain surgical and therapeutic indications.

** Des principaux tenifuges, dans Gazette Médicale de Paris, 1854, p. 405.

†† The treatment may thus be conducted:—

First day.—Abstinence of solid food.

Second day.—Saoria, three drachms, digested twelve hours in two and a half ounces of water. To be taken in three doses, at half hour intervals, with soup, panada, &c. The saoria at times causes decided colics and alvine evacuations. Light diet.

Third day.—Castor oil, six drachms, syrop tartrique, four drachms, in two doses at half-hour intervals.

It is tænicide; it has, like the tatzé and the moucenna, a destructive action upon the proglottides; by its influence the tænia dies and decomposes, while the other tæniafuges provoke merely the expulsion of the parasite. They cannot exercise any action upon the cysticerci imprisoned in their fibrous envelope, in the midst of the tissues of the animals they infest. The prophylaxis against cysticerci of tænia, against tænia and bothriocephali, consists in shunning the use of contaminated water, that has not been boiled or properly filtered, and the use of animal blood, raw or rare, underdone meat.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

APRIL 28th.—*Spina Bifida in an Anencephalous Fœtus*.—Dr. J. WYMAN exhibited a human fœtus, seven tenths of an inch in length, in which there was a deficiency of the cranial walls at the upper part, as in anencephalous fœtuses, and a spina bifida of the neck. From the rudimentary condition of the bones involved in the majority of anencephalous malformations, it is probable that this diseased state begins in early fœtal life, though but few instances showing it at this stage have been mentioned. Rokitansky and Vrolik regard anencephalism as analogous to spina bifida, beginning with hydrocephalus, followed by rupture and collapse of the cranial walls or sac. Rudolphi mentions a fœtus of the second month, with dropsy; Schröder van der Kolk another, with a gangrenous spot on the summit of the cranium in addition, and Vrolik a third, in which the rupture had taken place. These appear to be the early stages of one and the same disease.

As in the spina bifida of the back, so of the cranium, there are many degrees; in some the sac is ruptured probably at an early period, when the base of the cranium is fully exposed, and in others it remains entire, protrudes from the cranial cavity, forming a tumor which may be more or less covered with skin. Between the two there is every gradation.

MAY 12th.—*Sloughing of the Labia after Measles*.—Dr. WARREN reported the case.

The patient, a little girl, two years old, was brought to the hospital, March 24th, having had measles a fortnight previously. About the same time with the commencement of the disease, her mother noticed a small scab on the upper part of the right external labium. The next day great swelling of the external organs had taken place, to about the size of a tea-cup. The parts sloughed, and came away at the time of the patient's entrance, leaving a circular ulcer, $2\frac{1}{2}$ inches in diameter, involving the whole of the external organs and portions of the neighboring integument. Poultices were applied, and the child was discharged, on the 28th, doing well.

MAY 26th.—*Large Gall-stone, passed from the Bowels*.—Dr. HODGES

The parasite is often expelled on the second day in fragments. The same dose should be given on the eighth or tenth day, and with the same conditions. Though the head is not generally found, still the parasite is not reproduced, provided the fragments expelled were sufficiently near the head; that is to say, those whose width does not exceed two millimetres.

showed a large gall-stone which had been passed per anum, by a lady over 82 years old. The calculus is barrel-shaped, is $1\frac{1}{2}$ inch in length, $1\frac{1}{4}$ inch in thickness, $3\frac{3}{4}$ inches in circumference, and weighs 4 drachms, 1 scruple and 3 grains. It was sent, with two smaller ones, to Dr. Hodges by Dr. Francis Collamore, through Dr. Millet, of Abington.

In a letter to the Secretary, Dr. Collamore states that the patient was suddenly attacked with severe pain in the epigastric region, one morning after breakfast. The pain was followed by nausea and vomiting. The symptoms continued for six days, gradually diminishing. On the afternoon of the seventh day, while at stool, she had terribly severe pain and pressing-down in the rectum, terminating in the discharge of the large calculus, which was followed by the other two. She then had two or three large discharges from the bowels. After this, she convalesced rapidly. The patient had neither severe pain in the right hypochondrium or right shoulder, nor severe rigors.

JUNE 9th.—*Lead Palsy*.—Dr. BORLAND reported the case.

The patient was a young woman in the Channing Hospital. At entrance she was anæmic, and in a condition analogous to that of a person suffering from paralysis agitans. She could not sit up in bed, or extend her arm fully; her face was thrown into active convulsion, so that it took her some seconds to get control enough to articulate a monosyllable. There was no marked trembling of the tongue. The gums were very spongy, and edged with a deep blue line, and the breath quite foul. There was no special affection of either flexor or extensor muscles of the arms; she had never had marked colic; her mind at first was stupid. She had been a workwoman, and had been in the habit of drinking much water drawn from a tank lined with lead. She had done this constantly for perhaps five months, but the exact time is uncertain. No other girl in the room was affected to anything like the same degree.

She was treated by active purgation and then by iodide of potassium. Improvement was steady as long as the bowels were kept open; but if they were constipated for a day or two, she at once began to lose ground. At the end of about seven weeks she was discharged well. The paralysis had subsided, and the gums were fresh and healthy. Some anæmia still remained, for which she was advised to try change of air.

JUNE 9th.—*Observations on Dust*.—Dr. J. WYMAN gave an account of some observations which he had recently made on the different kinds of bodies found in the dust deposited from or floating in the atmosphere. The dust examined was either obtained from an attic, where it had collected on the floor, or from plates of glass covered with glycerine and exposed to currents of air. The organic matter detected with the aid of the microscope consisted of various fragments of both animals and plants; viz., of minute fragments of vegetable tissues, such as woody tissue, spiral ducts, cuticle, of simple, jointed, or stellate hairs, fragments consisting of a few cells of the tissues of leaves, pollen, &c. A few starch granules, resembling those of wheat, were occasionally found, and gave the usual iodine reaction. In the dust taken from the attic of Harvard Hall, at Cambridge, over one of the lecture rooms, occupied for several hours each day by students, human cuticle and epithelium scales from the mouth were frequently

detected. The lecture room and attic communicate freely by means of a large ventilator.

In addition to the above, there were found, but less frequently, various kinds of spherical bodies, some of them spores of cryptogamous plants, and others resembling the eggs of some of the smaller invertebrate animals. They were all provided with a well-defined cyst, which enclosed granules or cells, varying very much in size and appearance in different specimens. Dr. Wyman was unable to identify the larger part of the bodies in question, but in one instance the spores of a confervoid plant were detected. As these were found before the confervæ were beginning to be developed, it is probable that they were derived from the plants of the preceding year, and carried about by the winds after the drying up of the stagnant waters, in the latter part of the summer and autumn. Some of the bodies resembling eggs appeared to contain an early embryo, but he could not refer them to any particular species.

From among the different kinds of spores, one was especially interesting from its resemblance to pus and mucus corpuscles. It would be difficult to point out the difference between the two, and one might readily be mistaken for the other. This circumstance was of some importance in connection with the recent attempts in Germany to detect the presence of pus in the atmosphere, and by its presence to explain the transmission of certain forms of disease.

The existence of a large number of the spores of cryptogams in the atmosphere gives a probable explanation of the transmission of some of the different kinds of Algæ and Fungi which infest the bodies of man and animals.

The subject of the existence of organic forms in the atmosphere has been largely investigated by Pouchet, Quatrefages and Pasteur.

JUNE 9th.—Dr. CABOT reported the following cases.

I. *Gangrene from a Shell-wound*.—"Sergeant Ploughman, while on duty in the trenches before Yorktown, was struck on the outer part of the thigh, above the centre, by a fragment of shell weighing 1 pound and 10 ounces, which passed in front of the bone and close to it, without breaking it, and lodged just in front of the femoral artery, on the inside of the thigh. A fold of the great coat was carried in with it, and I believe the fragment of shell was withdrawn on pulling out the coat. There was but little, if any bleeding. The wound was received in the latter part of the night, or early in the morning, and the patient was brought to the hospital at about mid-day. I was absent at the time, and Dr. Parks received him, and, upon examination, found the wound stuffed with lint and bandaged. Upon removing the dressings, he found the wound dry and apparently clean. The patient had a feeble pulse, and was still under the effect of the shock. Dr. P. administered an opiate and stimulant, brought the lips of the wound together with adhesive straps, and applied a roller bandage.

"When I returned, in the evening, I visited the patient, and finding a good, strong, but rather rapid pulse, and not much pain, I did not disturb the dressings, and directed that the treatment, viz., stimulants and opiates, should be continued, *pro re nata*. Towards morning the watch called me, and said that the patient was suffering a good deal, and that the limb was swelling. Thinking that the swelling was from commencing inflammatory action, and that the pain was due to the consequent tightening of the bandage, I directed that the bandage

should be loosened, and that the opiate should be increased in quantity. Upon visiting the patient, between 6 and 7 o'clock the next morning, I found him almost pulseless, the whole limb, from the groin and crest of the ilium to the toes, enormously distended with gas, the scrotum as large as the head of a fœtus, and the whole as resonant upon percussion as a tensely inflated bladder. The patient was unconscious, muttering, and seemed about to die. I immediately gave him half a pint of wine, and in the course of half an hour, the pulse having improved somewhat, I removed the dressing, and upon opening the wound a gush of fetid gas escaped. I then applied a large compress wrung out in hot water over the wound, being careful that the lips should not be pressed together, and then a roller bandage from the toes to the groin. I had a large sinapism applied over the abdomen and chest, and gave carbonate of ammonia, brandy, &c., with directions that they should be continued, which directions were most faithfully carried out by Dr. S. C. Hartwell, who spent the whole morning at the bedside of the patient, until about 1, P. M., when, finding that all hope of arousing vital action must be abandoned, no farther attempts at treatment were made, and the patient died at 3, P. M., about 36 hours from the reception of the wound.

"The obvious explanation of the most interesting and important feature of this case is, that the excessive contending action of the missile by which the wound was caused produced complete death in the parts against and through which it passed, and those dead tissues being subjected to the conditions most favorable to decomposition, viz., warmth and moisture, that process commenced immediately, generating great volumes of putrid gas, which, besides putting the whole cellular tissue of a large portion of the body violently and rapidly upon the stretch, produced by its poisonous and deleterious influence a powerful depressing effect upon the whole system. On reflecting upon this case, it seemed to me that the surest way by which a like result might be prevented, would be by the application of a powerful stimulating astringent to the internal surface of such a wound, and that the perchloride or persulphate of iron would be the most fitting agent for that purpose; that it would tend to arrest any hæmorrhage, it would stimulate the neighboring parts to increased vital action, and would coagulate all albuminous fluids, and thus encase the decaying tissues within a sac impervious to gas or putrid fluids. Subsequently, acting upon this reasoning, I employed the persulphate of iron in several cases, and I believe with excellent effect."

II. *Bullet-wound of the Larynx.*—"A private in the 1st regiment of the Excelsior Brigade, N. Y., was brought to the Seminary Hospital at Williamsburgh, on the day after the battle. A bullet, probably from a rifle, had struck just upon the upper left side of his larynx; passing downwards and a little backwards it had passed out at the junction of the lower and posterior part of the larynx with the upper portion of the trachea, making a small opening in the œsophagus. The patient was suffering from great dyspnoea, which was increased and accompanied by distressing cough, whenever liquids were swallowed, so that he did not dare to take food or drink, except in very small quantities, and when urgently pressed by thirst or hunger. The symptoms increased in severity with the increase of inflammation and swelling. On the morning of the third day, I found that the pulse was small, quick, irregular, the face sub-livid, the dyspnoea intense; in short, that death by asphyxia was

imminent, and decided that tracheotomy would give him the only chance. Having no tracheotomy tube, and not being able to procure one, I made a wire cage or tube after the method recommended by Marshall Hall, viz. : having got some enamelled wire off from an old machine which the rebel surgeons had used for mixing liniments with, I bent it in a series of loops, then bending each loop outward slightly, I bent the whole so as to form a cage. Upon cutting down, just over the upper part of the trachea, I found the parts so shattered and displaced that it was impossible to find the way into the trachea below, and while trying to find it, the man ceased to breathe. I immediately and rapidly prolonged my incision downwards, and opening the trachea below, admitted the air, and after some pumping of the arms and chest, I had the satisfaction to see his breathing re-establish itself. There was some bleeding, which was arrested by a free application of persulphate of iron. The cage answered its purpose very well, and when I left the patient at Fortress Monroe he was still breathing through it, as no such thing as a tracheotomy tube could be had for love or money. I should have mentioned that, after the operation, food and drink escaped by the wound and no longer produced cough. Free suppuration had become established in the track of the bullet, and in the cellular tissue around it. The patient had a good appetite, bore his food well, and had but little fever, notwithstanding the discomforts and fatigue of a long, tiresome transportation, without many appliances for comfort, even for the well. I have not heard what the result has been, but thought that the case was sufficiently interesting to be worth reporting, even in its imperfect state."

JUNE 23d.—*Spina bifida, in the form of a pendulous Tumor, which was successfully removed.*—The case occurred in the practice of Dr. Elisha Huntington, of Lowell, from whom the following report was received :—

"The child was born on the 4th of January, at the full period, well developed, and well formed externally, excepting the tumor and a slight varus of one foot. The tumor hung, like a pendulous polypus, from over the vertebral column, and about on a line with the crest of the ilia. It had a peduncle, which was about a foot in length, and about as large as the little finger, but enlarging somewhat just before it joined the body of the tumor. This last was nearly the size of two fists, of a rounded form, but tapering towards the peduncle, fleshy to the feel, and fluctuating, but not tense; the surface had the smooth, shining appearance, and there was the absence of cutis, that is seen in spina bifida. Upon the peduncle the cutis was well developed, and it terminated abruptly where the body of the tumor began. Immediately after the birth of the child, a ligature was applied to the peduncle, as near as possible to its origin, and it was then divided; but the ligature slipped, and there followed a hæmorrhage which was very nearly fatal. It did well, however, and it has continued to thrive until the present time (May 20). The peduncle being found to have a large central cavity, a catheter was passed into it, but not into the body of the tumor, and a few teaspoonfuls of clear serum escaped, which, on being heated, coagulated to the degree of solidification; a ligature was then applied to prevent any further escape. At first there seemed to be a considerable deficiency of bone at the origin of the peduncle; and for the first two months the cicatrized surface bulged out quite perceptibly when the child cried. The opening, however, has gradually

contracted, and an irregularity of surface is now only to be felt upon pressing down upon the vertebræ, the remains of the peduncle being about $\frac{1}{4}$ of an inch in length."

The specimen, which is in the Museum of the Mass. Medical College, was shown by Dr. JACKSON. The cavity of the tumor contained a little dirty fluid, and was lined by a serous membrane; parietes varied from $\frac{1}{4}$ to $\frac{1}{2}$ inch in thickness, and many cysts were exposed upon the cut surface, the intervening tissue being lax but tough. The long peduncle had shrunk to $2\frac{1}{2}$ inches in length, and, having been cut open throughout, its inner surface presents no appearance of a lining membrane, but rather that of common integument. The cavity of the peduncle was about $\frac{1}{4}$ to $\frac{1}{2}$ of an inch in diameter, and with considerable difficulty a small probe had been passed down into the cavity of the tumor. The opening into this last was about where the tumor began to taper towards the peduncle; and it was not direct, but just within the orifice of another adjoining canal, that was about $\frac{3}{4}$ of an inch in length and large enough to admit a probe about two lines in diameter. Upon the inner surface of the peduncle, and closely connected with it, by a lax cellular tissue, are two or three quite large nerves and a large bloodvessel, which were gradually lost within the tapering portion of the tumor; the hæmorrhage above referred to being thus explained.

Dr. J. said that, so far as he is aware, the above is an unique case of spina bifida.

JUNE 23d.—*The existence of a posterior Fontanelle exceptional.*—Dr. JACKSON said that this supposed opening in the skull was, he believed, generally described by anatomists as something that is to be compared for size to the anterior fontanelle, and writers on midwifery certainly treat it as a matter of some practical importance; on which last account he was inclined to refer to the subject. Humphrey (on the Skeleton) was the only author quoted; and he says, speaking of the two fontanelles, "The hinder of the two is the smaller, and is closed a few months after birth." Dr. J. said that, many years ago, he had his attention directed to this subject, and, though he could not speak from figures nor even from notes, he had examined many crania, and the following were his general conclusions:—that the posterior fontanelle is generally closed in the mature fœtus, and occasionally some weeks earlier; that, when it exists, it is generally an insignificant affair, and should not be described in connection with the anterior fontanelle, still less in comparison with it; and that, though it varies in size when it does exist, it can never be said to be a large opening. Dr. J. thought the mistake arose from the heads and not the crania of new-born children being examined; the upper extremity of the occiput being stiff and unyielding, and the adjoining portions of the parietal bones so far the reverse that there is thought to be a deficiency of bone; secondly, from examining crania that had been stuffed out, as they were being dried, so as to cause a separation of the bones. It was one of the errors, he believed, that, having been long established in the books, was now passed easily, and without challenge, from one author to another.

Bibliographical Notices.

Researches and Observations on Pelvic Hæmatocele. By J. BYRNE, M.D., M.R.C.S.E., Resident Fellow of the New York Academy of Medicine, &c. 8vo. Pp. 44. New York; William Wood.

THE substance of this interesting pamphlet is a paper which was read by the author before the New York Academy of Medicine in February last, and which has recently been published by their order. Since it was read the author has had opportunities for fuller investigation, and now presents the matured results of his labors in this very carefully prepared *brochure*. The subject is one of much interest, and this essay should be in the hands of every one who undertakes to treat cases involving so much responsibility. The rareness of the disease, the obscurity of its character, the not infrequent difficulty of diagnosis, and the comparatively recent period within which it has engaged the pens of medical writers, all give interest to any original contribution to its history and etiology. Dr. Byrne has done his work with most praiseworthy thoroughness; and his conclusions as to the seat of the effusion, based on his dissections and abstract reasonings, impress the reader as being most sound and reliable. We cannot follow the pamphlet from beginning to end, but leave that for our readers to do. The following are some of the results to which the author has been led:—

"The lessons which this and similar experiments teach are, first, that although a lateral position of the tumor will always denote its sub-peritoneal character, yet, the fact of its being central and occupying the whole posterior part of the vagina does not, by any means, prove the contrary; and, secondly, that the position, size, or shape of the swelling—though, *if intra-peritoneal, always central* both above the brim as well as in the vagina—possesses but little, if any, value as a guide to differential diagnosis.

"There are, among others, two interesting and highly instructive facts observable in connection with the occurrence of pelvic hæmatocele: *first*, that, of all the subjects in which this peculiar disease has yet been noticed, and whose cases have been properly authenticated, married women, and especially those who have been pregnant or borne children, constitute at least four fifths; and, *secondly*, that unmarried females, or those whose sexual organs have not been subjected to excitement, or physiological changes other than we know to attend the menstrual function, amount to a fractional portion, only, of the whole. Without dwelling on the importance of these facts as corroborative of views already set forth, it may not be amiss to notice a few reflections naturally occurring in this connection.

"Though, after parturition, the uterine sinuses contract, and vessels imbedded in the dense stroma of that organ are supposed to resume their original size and condition, yet it by no means follows that the utero-ovarian 'thin-walled veins *without valves*'* possessed of little or no contractile power, and surrounded by loose cellular tissue, should undergo a similar change. Indeed, it would seem more probable that *permanent dilatation of these veins*, more or less, is a *necessary consequence of pregnancy*; and if the ovarian vessels, in that condition, bear any analogy to those in the lower extremities, which never resume their original size, nor disappear but by obliteration, it is evident we must look here for the only true predisposing cause in all cases of sub-peritoneal hæmatocele, and which, as I before intimated, may safely be put down at 80 per cent. of the whole."

We will add that the author is an urgent advocate of the treatment of pelvic hæmatocele (a name well suggested by him as more comprehensive than any heretofore applied to these cases) by early puncture. He is quite as strongly opposed to injection of the cavity

* Kolliker's Manual of Human Histology, page 237. Syd. Ed.

from which the fluid has been evacuated. For his arguments on these important points we must refer our readers to the pamphlet itself. It is handsomely printed, and illustrated by several instructive wood-cuts.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 3, 1862.

THE present war is likely to contribute in many ways to our knowledge of the diseases and injuries incident to warfare under the peculiar circumstances in which our troops are placed. The influences of climate, season, character of the food, nature of the clothing, &c., will all come under the eye of numerous competent medical observers, and we look for very interesting and valuable results, when the sum of this extended range of observation shall have been consolidated in a condensed, practical form. We are glad to see that the Government has taken the initial steps to secure the collecting together all the recorded results of the experience of all our army surgeons for this very purpose. A great deal of valuable observation must undoubtedly go unrecorded, except as it shall appear hereafter in the writings of men whose memory shall furnish a daguerreotype of what their hands were too busy at the time to take note of. So overworked have been the army surgeons and those in charge of the extemporized hospitals in the neighborhood of our large armies, that it could not be expected that any proper record of professional experience from day to day could always be kept. Nevertheless, there must be much which will be gathered up for the guidance and instruction of those to come after us. Among other important results we hope to have very valuable contributions to our knowledge of the effects of anæsthetics, as administered in their various forms and combinations, the comparative safety with which different agents may be employed, the precautions to be taken to secure immunity from the fatality which has in civil life so frequently made chloroform a doubtful blessing, and the most efficacious means to neutralize the alarming symptoms so often produced by it. From the formula of supplies furnished to army surgeons by our Government, as given in Dr. Tripler's handbook, we gather that chloroform is the only anæsthetic placed in their hands. Sulphuric ether has been given by State Governments in some instances, we believe, to the regiments from their own States, and we hear of both chloroform and sulphuric ether being used in some of the hospitals of the Peninsula. We sincerely hope that we shall have honest, unprejudiced reports of the observed results of the use of these agents. If the statements of European authorities as to the complete safety with which chloroform was employed in the Crimean war are to be relied upon, sulphuric ether may at once be given up as altogether a superfluity. But we confess we cannot believe these statements in their wholesale assertions. There must have been many instances of unreported deaths in the field or in the trenches, where the very circumstances of the case made it absolutely impossible to record the fact that chloroform was the fatal agent; without taking into account the indifference or the reticence of those who would not take the trouble

or did not wish to preserve evidence of so disagreeable a character. In the interesting work of M. Baudens, Medical Inspector of the French Army in Corsica, Italy and the Crimea, just published in an English form by Baillière Brothers, New York, are some interesting remarks on this subject. Some of our Boston readers, by the way, will remember the statements made here not long since, with a good deal of confidence, that the French Army in the Crimea used a mixture of chloroform and sulphuric ether for anæsthetic purposes. M. Baudens sets that question at rest. It is somewhat amusing to observe how ready European writers are to keep out of sight the fact that the use of anæsthetics in surgery is an American discovery, and to attach to the employment of a particular agent the whole value of this great blessing. At the same time that France gives credit to one of her sons for it, Great Britain recognizes Prof. Simpson as the great discoverer of anæsthetics as represented by chloroform; while the great fact, which lies at the basis of the application of all such agents, is without doubt an American discovery. It is noteworthy, too, that chloroform itself was made in the United States by an independent experimenter at about the same time that it was in Europe. The following are some of the passages relating to this subject in M. Baudens's valuable work, which we propose to notice more fully hereafter.

"In the Crimean war, surgical science was first aided by a recent discovery due to the researches of M. Flourens, and which until then had not been used on the battle-field. We allude to the anæsthetic action of chloroform, whose wonderful effect in relieving the terrible pains of the wounded, has been often useful in healing their wounds. Its use permits us to trim wounds, mortal in appearance, which the surgeon would not have ventured to treat with so much energy, for fear of exciting new sufferings. These wounds, being thus treated, become less painful, and sometimes we are astonished at their unexpected cure. * * *

"By subduing pain, chloroform gives a calmness and mental tranquillity to the wounded, very favorable to healing. It deprives the traumatic fever of an excess of re-action, often caused by the anxiety of the patient. Before the discovery of this precious agent, some soldiers, it is true, endured amputations without a groan. I have seen an Arab continue to smoke his pipe, while I took off his arm; but this paroxysm of courage, gained by a great exaltation, fell some days after into a nervous depression, so much the more dangerous on account of the stoicism which had sustained him.

"We know that, in great operations, death ensues oftener from nervous prostration, consequent upon excess of suffering, than from hæmorrhage. It is the same with animals. M. Claude Bernard observed that, in laying open the spinal column, in experiments upon rabbits, they always died at once, unless they had previously been rendered insensible by chloroform.

"But used imprudently, this agent, while it takes away suffering, may also take away life. It shares this sad privilege with the most potent remedies; taken in large doses, they are for the most part poisonous, and kill instead of curing. The danger may perhaps be certainly avoided, by observing certain rules, and especially by not pressing the inhalation to its extreme limits. This extreme limit is, in my opinion, when in accordance with the precept laid down for several years, we pass the stage of *insensibility* and reach that of *collapse*, and a complete muscular prostration. This condition is reached when a limb is lifted up and falls like a mass of dead matter; for then, life almost borders upon death, it has retired to the vital centre, placed by M. Flourens in the medulla oblongata, at the origin of the eighth pair of nerves, which absolutely control the function of the heart and lungs. To approach this point, is rash temerity; to reach it, is death. * * * The physicians of the army of the East were of this opinion, and administered chloroform with great prudence, stopping at the point of insensibility, and never intentionally exceeding it. They had therefore no fatal accidents to deplore, although in the campaign of the East this agent was employed

at least thirty thousand times. In the Crimea alone, it was administered to more than twenty thousand wounded, according to the estimate of M. Scrive. The physicians of the Sardinian army, at the beginning of the campaign, hesitated to use it, but the success of our surgeons soon gave them confidence in its efficacy. Henceforward we may have a steadfast confidence in chloroform, and thank Providence for having allowed human skill to invent an agent that can suspend pain.*"

THE subject of constipation is one of such general interest that we feel no apology is necessary for printing the following somewhat lengthy extract from a letter in the *London Medical Times and Gazette*, giving Prof. Trousseau's methods of treating it.

TREATMENT OF CONSTIPATION. By M. TROUSSEAU.—The patient should endeavor to void the bowels daily at exactly the same hour, when he should, for a considerable time, make strong efforts to obtain the desired result; and if these should be unsuccessful, he should desist until the following day. If, on the second day, in spite of fresh efforts, no evacuation should be made, he should immediately take an enema, first with cool, and afterwards with cold water. On the following day the same efforts must be renewed, and if they should still prove ineffectual, the patient must again wait till the next day, when another enema is to be taken if no evacuation takes place. The repetition of such endeavors always made at the same time of day, has generally the effect of not only causing desire to relieve the bowels, but actual relief in the natural way.

"Another remedy is the suppositorium, which, especially for males, is easier to apply than the enema. Suppositories of butyrum cacao are, in the majority of cases, sufficient; those made of soap have a still more energetic and certain action, but the best are those made of honey, hardened by boiling. These ought to be of the size of a small pigeon's egg; if they are slightly moistened they may be introduced into the rectum with great ease, and rarely fail to produce a rapid evacuation; but they, as well as the enemata, ought only to be employed if, after two consecutive days, vigorous efforts have not had the desired effect.

"The most favorable time for operating in this manner is the morning. It is then least troublesome, and every one can, immediately after getting up, devote a longer time to such experiments than later in the day. Nevertheless, it is a fact that the desire to empty the bowels is more strongly felt just after a meal; either because the accumulation of food tends mechanically to expel the superfluous residue, or because—and this is the more likely reason—the new digestive action causes preparatory muscular contractions in the whole intestinal canal. The local adjuvants ought, however, in this case, not to be employed.

"Concerning the diet, the most certain means of overcoming constipation is to partake more largely of vegetable than animal food. Raw fruit and herbs are chiefly useful.

* The English surgeons, in the Crimea, employed chloroform very generally, and McLeod considered their confidence in its efficacy greater than among the French. One well established fatal case occurred from its use, while a great number of operations were successfully performed which would have otherwise not been attempted. The morale of the wounded was better sustained, and the courage and comfort of the surgeons increased. Its moderate use was not found to result in depression, but on the contrary it often supported the strength of the patient under the operation, and it was never more successful than when used immediately after the injury, before the constitution had begun to suffer from the nervous irritation liable to follow a wound. It acts more rapidly upon persons who have lost much blood, and hence more care is necessary in such cases.

"To cause diarrhoea is not to cure constipation, but to substitute one disease for another, and vegetable diet is only useful if well supported. Certain aliments taken from the animal kingdom, such as milk, have, upon a large number of persons, a slightly laxative effect; milk may, therefore, always be employed, if it agrees with the stomach. Coffee with milk is, for many persons, a powerful remedy for constipation, and the same is the case with tea. Amongst beverages, beer and cider are the most suitable for costive people. Many want to go to stool at once after taking a large tumbler-full of cold water before breakfast. Bran bread, made of three quarters of flour and one quarter of coarse bran, also greatly facilitates the action of the bowel. Many persons only find relief if they smoke a pipe or cigar immediately after a meal; and although it is not very ladylike to smoke, M. Trousseau nevertheless frequently advises ladies to try little cigarettes, if no other hygienic measures are able to overcome constipation.

"Belladonna is a great favorite of M. Trousseau's in this affliction. He prescribes one centigramme (about $\frac{1}{4}$ of a grain) of extract, and as much of powder of belladonna, to be taken in the morning. After five or six days, two pills are taken, and four or five are the largest dose; but, whatever may be their number, the pills ought always to be taken at one time. If the evacuations have become regular, this medication must be discontinued, in order to give the bowels the opportunity of acting without help.

"If belladonna should not have any effect, a teaspoonful of castor oil should be prescribed at the same time, and in order to render this more palatable, it may be taken in gelatinous capsules. The intestine being prepared by the belladonna, the oil has a rapid action. The dose may be repeated once or twice a week, if necessary.

"There are, however, cases in which all the remedies just named prove ineffectual, when it becomes necessary to employ purgatives. These are extreme remedies, useful and even indispensable, but which must be used with much prudence and care. Generally speaking, the saline purgatives ought to be avoided; these have a rapid, nay, almost instantaneous, but only temporary action; for after their use, the intestinal secretion, for a moment over-excited, is, as it were, dried up; just as certain rapid salines act upon the mucous membrane of the mouth, where they at first produce an abundant secretion of saliva, but leave behind dryness of the mouth and thirst, which are in proportion to the primary effects caused.

"It is better to have recourse to drastic purgatives, especially aloës, extract of colocynth, gummis gutti, and extract of rhubarb; these are the pills (says M. Trousseau) so extensively used by the English. M. Trousseau gives the following prescription:—*R.* Aloës, extr. colocynth., extr. rhei., gi. gutti, aa 1 grme (15 grains); extr. hyoscy., 25 centigrammes (about 4 grains); ol. æth. anis., gtt. ij. M. ft. pilulæ xx. One, two, or even three pills should be taken every second or third day, and all at once, whatever may be the quantity taken. They ought to produce an easy, natural, semi-diarrhetic evacuation. Hyoscyamus prevents colics, and acts, moreover, in the same manner as belladonna.

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SURGEON-GENERAL'S OFFICE, June 5, 1862.

The Secretary of War having authorized in certain cases the employment of civilians as cooks and nurses in General Hospitals (only),

the following rules and instructions are published for the information of all concerned.

REGULATIONS FOR THE HOSPITAL CORPS OF THE UNITED STATES ARMY.

The men of the Hospital Corps will receive each \$20.50 per month, besides clothing, rations, and medical attendance.

They will be under military discipline, and subject only to the orders of the Medical authorities, and will wear the undress uniform of a private soldier, with a green half chevron on the left forearm.

Their duties will be either nursing the sick and wounded of the Army in Hospitals, cooking, or any other duties with the sick at the discretion of Medical Officers.

They will be divided into squads of eleven, one of whom will be responsible for the efficiency of the rest. One squad will be allowed to every one hundred patients.

At the usual roll-calls the chief of the squad will answer for the rest to the Hospital Steward, who will thus learn the number of vacant beds in each ward, and all other particulars concerning the condition and wants of the hospital, which he will report to the Medical "Officer of the Day." The term of the service of the Hospital Corps will be according to the necessities of the service, or during good conduct.

The amount of pay and clothing received by each nurse, with date, will be recorded on their contract, which will be as a Descriptive List to go with the nurse.

The senior Medical Officer in charge will make a monthly pay roll of the Hospital Corps similar to Form 12, Medical Regulations, except the rank and designation, and transmit the same for payment to the nearest Medical Disbursing Officer.

Surgeons in charge of General Hospitals, when so authorized, may make contracts with persons for such service according to provisions set forth herein.

WILLIAM A. HAMMOND, SURGEON-GENERAL.

NOTE.—It is hereby enjoined upon all medical officers that they shall not avail themselves of this special authority of the War Department without first receiving permission of the Surgeon-General to do so, on making a full statement of the facts in the case, and clearly setting forth the reasons why the permission should be granted, except in cases of immediate necessity and urgency, and then the commanding officer must approve. In such exceptional cases, the facts will be promptly reported to the Surgeon-General with the necessary explanations, together with a request that his permission be given to continue the employment if the necessity still exists.

Surgeon General's Office, Washington June 9, 1862.

"It is intended to prepare for publication the Medical and Surgical History of the Rebellion.

"The Medical portion of this work has been committed to Assistant-Surgeon J. J. Woodward, United States Army, and the Surgical part to Brigade-Surgeon John H. Brinton, United States Volunteers.

"All medical officers are therefore requested to coöperate in this undertaking by forwarding to this office such sanitary, topographical, medical and surgical reports, details of cases, essays, and results of investigations and inquiries, as may be of value for this work, for which full credit will be given in forthcoming volumes.

"Authority has been given to both the above-named gentlemen to issue, from time to time, such circulars as may be necessary to elicit

the desired facts, and the medical officers are desired to comply with the requests which may thus be made of them.

"It is scarcely necessary to remind the medical officers of the regular and volunteer services that, through the means in question, much may be done to advance the science which we all have so much at heart, and to establish land-marks which will serve to guide us in future.

"It is, therefore, confidently expected that no one will neglect the opportunity of advancing the honor of the service, the cause of humanity, and his own reputation.

WILLIAM A. HAMMOND,
"Surgeon-General U. S. A."

PREVENTION OF HYDROPHOBIA.—The Paris correspondent of the *British American Journal* states that a communication was lately presented to the Academy of Sciences, by M. Renault, on the subject of hydrophobia, by which it appears that this disease has of late been more prevalent than formerly in France as well as in this country. The tax on dogs, which was introduced for the purpose of diminishing the number of these animals, has had but little effect, as in Paris, where the average number was about 60,000, the tax has only reduced the number by 6,000. A more effectual method has been the muzzling of all dogs when at large, and the immediate destruction of any showing hydrophobic symptoms or which have been bitten by other dogs. This has also proved the only effectual method in Prussia, where the dog tax had existed since 1829, but with a rapid increase of cases of hydrophobia, until, in 1854, an order for the permanent muzzling of all dogs going at large was issued. The effect was at once perceptible, as manifested at the Veterinary School of Berlin, where 68 cases of hydrophobia were received in 1852, 82 cases in 1853, and an average of 28 cases a year from 1845 to 1853 inclusive. In 1854 only four cases occurred; in 1855 and 1856, but one each year, and since then, M. Renault states, *there has not been a single case of hydrophobia in Berlin*. He also states that the restraint caused by the muzzle has not tended to develop madness in the dogs.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 28TH, 1862.

DEATHS.

	Males.	Females	Total.
Deaths during the week,	32	38	70
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	36.1	31.0	67.1
Average corrected to increased population,	75.3
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
15	0	2	7	3	0	3	2	2

PAMPHLETS RECEIVED.—Wounded Trachea. Diseased Bronchial Gland. By J. R. Boulware, M.D. Albany, N. Y.—Conservative Surgery, with a List of the Medical and Surgical Force of New York in the War of the Rebellion, with a brief notice of the Hospitals at Fortress Monroe and White House. By S. D. Willard, M.D., Albany.

DEATHS IN BOSTON for the week ending Saturday noon, June 28th, 70. Males, 32—Females, 38.—Abscess, 1—disease of the brain, 2—bronchitis, 2—cancer, 1—colic (bilious), 1—consumption, 15—convulsions, 2—croup, 2—diarrhoea, 1—diphtheria, 2—drowned, 1—dysentery, 3—scarlet fever, 7—typhoid fever, 2—gastritis, 1—disease of the heart, 2—infantile disease, 3—intemperance, 1—disease of the liver, 1—Inflammation of the lungs, 3—marasmus, 1—measles, 7—puerperal disease, 2—scalded, 1—disease of the spine, 1—suicide, 1—unknown, 4.

Under 5 years of age, 33—between 5 and 20 years, 9—between 20 and 40 years, 16—between 40 and 60 years, 8—above 60 years, 4. Born in the United States, 53—Ireland, 12—other places, 3.